

**Menominee Indian Tribe of Wisconsin
PO Box 910
Keshena, WI. 54135**

Date:_____

Applicant's Name_____ Age_____ S.S. No._____

Co-Applicant's Name_____ Age_____ S.S. No._____

Home Address_____ Telephone No._____

Applicant's Employer_____ How long?_____ Mo. Income_____

Co-Applicant's Employer_____ How long?_____ Mo. Income_____

Number of children living with applicant_____ Ages of children_____

Is applicant an enrolled member of the Menominee Indian Tribe?_____

Is co-applicant an enrolled member of the Menominee Indian Tribe?_____

Is home located on trust land?_____ Value of Home_____

Approximate age of home_____

Present indebtedness of applicant and co-applicant:

Name_____

Name_____

Address_____

Address_____

Balance owing_____

Balance owing_____

Name_____

Name_____

Address_____

Address_____

Balance owing_____

Balance owing_____

Amount of Loan Requested_____

Purpose of loan request (Be specific)_____

Attach estimates of work to be done

Applicant's Signature_____

Co-applicant's Signature_____